



Alameda County Sheriff's Office
Gregory J. Ahern, Sheriff / Coroner
Coroner's Bureau, 2901 Peralta Oaks Ct, Oakland, CA 94605
(510) 382-3000 / (510) 382-3033 (fax)

Coroner Investigator's Report

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) STUBBS JR, Melvin			TENTATIVE ID <input type="checkbox"/>	UNIDENTIFIED <input type="checkbox"/>		CASE NUMBER 2016-00741	
	REPORTED BY Gail Hober		REPORTED BY PHONE NO. (925) 847-3000	REPORTING AGENCY Valley Care Medical Center			REFERENCE NUMBER 16-004121	
	INVESTIGATOR Karen Easling		CALL DATE AND TIME 3/6/2016 18:41	CASE TYPE Removal Case				
	DATE AND TIME OF DEATH 3/6/2016 18:26		DATE OF BIRTH 12/15/1950	AGE 65 Years	GENDER Male	RACE African-American	MARITAL STATUS Widow	VET? <input type="checkbox"/>
DECEDENT	HGT 71	WGT 200	EYE COLOR Brown	HAIR COLOR Gray	OCCUPATION Body frame technician	EMPLOYER		
	Preliminary Summary							
DEATH	LOCATION OF DEATH Valley Care Medical Center							LOD TYPE Hospital - ER/OP
	ADDRESS (STREET, CITY, STATE, ZIP) 5555 W. Las Positas Boulevard Pleasanton CA 94588							COUNTY Alameda
	Manner Natural		Death Certificate Signed By:					
	Cause A Cardiac failure		Interval Minutes					
	Cause B Cardiomegaly with myocardial fibrosis		Interval Years					
	Cause C		Interval					
	Cause D		Interval					
	Other Significant Conditions		Recently diagnosed diabetes mellitus					
	NOTIFICATION	LEGAL NEXT OF KIN [REDACTED]		RELATIONSHIP [REDACTED]			TELEPHONE NO. [REDACTED]	
		NOTIFIED BY		METHOD In Person			DATE AND TIME 3/7/2016 15:11	
IDENTIFICATION METHOD		DATE AND TIME						
INCIDENT	LOCATION OF INCIDENT AT WORK <input type="checkbox"/>							
	ADDRESS (STREET, CITY, STATE, ZIP) COUNTY							
	DATE AND TIME OF INCIDENT							
INVESTIGATING AGENCY Alameda County Sheriff's Office-ETS		INV AGENCY PHONE NUMBER			OFFICER			
DISP	FUNERAL HOME Harris Funeral Home			BODY RELEASED TO FUNERAL HOME ON 3/15/2016 15:07				
	Full Autopsy <input checked="" type="checkbox"/> Partial Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Record Review <input type="checkbox"/> Inspection w/Specimen <input type="checkbox"/>			EXAM BY Paul W. Herrmann				



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Investigator Narrative

Decedent: STUBBS JR, Melvin
Case Number: 2016-00741
Investigator: Karen Easling

First Call Information:

On Sunday, March 6, 2016, about 1840 hours, Nurse G. Hober of the Emergency Room at Valley Care Medical Center in Pleasanton called to report the death of 65 year old Melvin Stubbs Jr. Stubbs Jr. was incarcerated at Santa Rita Jail in the Outpatient Housing Unit when he was found unresponsive in his cell. Paramedics Plus #5105 arrived on scene and transported him to the hospital. Stubbs Jr.'s condition declined and his death was pronounced by Doctor M. Costello at 1826 hours. (KE1917)

Medical Summary:

On Saturday, March 5, 2016, about 1300 hours, Stubbs Jr. was arrested for [REDACTED] by officers from the Oakland Police Department, after being found in his residence with his deceased [REDACTED] (Coroner Case #2016-00732).

According to the reports and medical records I (Easling) received, the following occurred. Stubbs Jr. was transported to Santa Rita Jail for booking. During the intake process at the jail, Stubbs Jr. was denied entry due to medical reasons. The arresting officer then transported Stubbs Jr. to Alameda Health System-Highland Hospital to be medically cleared for incarceration. At the hospital Stubbs Jr. was diagnosed with [REDACTED] [REDACTED]. His acute medical problems were treated and instructions on how to treat further problems were provided. The evaluating doctor cleared Stubbs Jr. for incarceration. The doctor did not find any medical problem that would make it dangerous for Stubbs Jr. to be taken to jail and incarcerated.

On Sunday, March 6, 2016, about 0910 hours, Stubbs Jr. was transported back to Santa Rita Jail by Oakland Police Officers and the intake process was initiated. About 1030 hours, due to his medical needs Stubbs Jr. was moved to the Outpatient Housing Unit. According to the Corizon Health medical records, at about 1645 hours Nurse M. Durbin was performing routine checks when he discovered Stubbs Jr. inside his cell unresponsive, not breathing, and without a pulse. Life-saving measures were initiated and 9-1-1 was called. Stubbs Jr. was last known to be alive at about 1612 hours, when Deputy N. Pettis-Shipp spoke to him while completing her hourly check.

Medical records were collected from Alameda Health System- Highland Hospital, Valley Care Medical Center and Santa Rita Jail. The records were provided to Coroner's Pathologist Doctor P. Herrmann for review. (KE1917)



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Description of the Death/ Injury Scene:

Stubbs Jr. died in the Emergency Room at Valley Care Medical Center in Pleasanton. (KE1917)

Body Identification:

The decedent was identified as Melvin Stubbs Jr. during the booking process at Santa Rita Jail. (KE1917)

A comparison was made between the fingerprints of Stubbs Jr., Melvin with DOB 12/15/1950 to the fingerprints associated with Personal File Number (PFN) [REDACTED] with name: Stubbs, Melvin and with DOB: 12/15/1950 from the records and files of the Alameda County Sheriff's Office-Central Identification Bureau in Oakland, California. The fingerprints were identified to have been made by the same subject. On Tuesday, March 8, 2016, about 0830 hours, I (Hovda) placed a faxed copy of the fingerprint confirmation in the case file for future reference. (JSH1432)

Next of Kin Investigation:

Stubbs Jr. was widowed and had several adult children who are his legal next of kin.

On Sunday, March 6, 2016, I (Easling) searched in the Consolidated Records Information Management System (CRIMS) to see if any relatives were listed in his personal data, and I was unable to locate any.

Additionally, an Accurint search, a database used to locate people, was conducted in an attempt to locate next of kin. The search yielded several possible relatives including [REDACTED] with an address out of [REDACTED] (KE1917)

On Monday, March 7, 2016, about 0525 hours, I (Frazier) called the Richmond Police Department and requested a death notification be done at the residence listed for [REDACTED] (CEF1691)

On Monday, March 7, 2016, about 0820 hours, I (Wilson) called the Richmond Police Department and spoke to a dispatcher who said an officer went to the address on [REDACTED] [REDACTED] but no one was home. I made attempts to locate and notify [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED] by phone but was unsuccessful. (dlw29)

On Monday, March 7, 2016, about 1300 hours, I (Hovda) spoke with Melvin Stubbs Jr.'s step-daughter, [REDACTED] [REDACTED] when she called the Coroner's Bureau. [REDACTED] told me Melvin had two adult children, [REDACTED] and [REDACTED] I (Hovda) ran an Accurint report on [REDACTED] [REDACTED] and located a possible phone number. I called the number and left a message.



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On Monday, March 7, 2016, about 1340 hours, [REDACTED] returned my call. I informed [REDACTED] of Melvin Stubbs Jr.'s death and the Coroner's Bureau involvement in this case. I advised her to make funeral arrangements as soon as possible. [REDACTED] said she understood and would notify her brother [REDACTED] of their father's death. (JSH1432)

Other Agency Reports:

Alameda County Sheriff's Office report #16-004121, written by Deputy N. Pettis-shipp. A copy of the report was reviewed and placed in the case file. (KE1917)

Property and Evidence:

Coroner's receipt number #36756 was issued for this case. Stubbs Jr. had no personal property at Valley Care Medical Center or Santa Rita Jail. (KE1917)

Coroners Fees:

As of March 7, 2016, the only Coroner's Bureau fees are body removal (\$254.00), body preparation (\$67.00) for a total of \$321.00.

All Coroner fees have been paid. (KE1917)

Other Investigative Details/ Supplemental Information:

On Sunday, March 6, 2016, about 1950 hours, Deputy C. Frazier and I (Easling) arrived at Valley Care Medical Center. We entered the emergency room and were directed to Stubbs Jr.'s room by Deputy W. Bloom #1377. I entered the room and found Stubbs Jr. face up on a hospital bed with medical therapy in place. His clothing had been cut by medical personnel, and I could see that his left leg had previously been amputated a few inches below his knee. I conducted a general visual examination of Stubbs Jr. and saw no obvious signs of trauma. Nurse Hober provided me with six vials of admission blood and a urine sample collected from Stubbs Jr. during life-saving measures. I took photographs of his body to document his condition. I placed paper bags over Stubbs Jr.'s hands and secured them in place with zip ties. Deputy Frazier and I moved Stubbs Jr. to a gurney and into the Coroner's van for transportation back to the Coroner's Bureau.

About 2145 hours, we returned to the Coroner's Bureau and processed Stubbs Jr. into the morgue. Intake photos were taken at this time. The photographs were transferred to a compact disk and placed in the case file.

On Monday, March 7, 2016, Coroner's Pathologist Doctor P. Herrmann performed an autopsy on Stubbs Jr. to determine his cause of death.

On Tuesday, March 15, 2016, Stubbs Jr. was released into the care of Harris Funeral home.



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On Monday, May 9, 2016, Pathologist Doctor P. Herrmann determined Stubbs Jr.'s death was due to natural causes. (KE1917)

Findings:

On May 26, 2016, I reviewed this case for the purpose of case closure. An autopsy was performed on Stubbs Jr. to determine his cause of death. Pathologist Doctor P. Herrmann determined Stubbs Jr.'s cause of death was cardiac failure due to cardiomegaly with myocardial fibrosis. Doctor P. Herrmann also determined that another significant condition contributing to his death, but not resulting in the underlying cause, was recently diagnosed [REDACTED]. Upon reviewing the Autopsy Protocol, the information gathered at the scene of his death and medical records, I find the manner of death to be natural. (KE1917)

Supervisor Review:

On June 15, 2016, I (Sergeant P. Wilson) reviewed this case for closure. I agreed with the findings and considered this case closed. (PW#1494)

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Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

M E M O R A N D U M

DATE: March 7, 2016

FROM: Paul W. Herrmann, M.D.

TO: Case File 2016-00741

SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of Melvin Stubbs Jr. at the Coroner's Bureau, 2901 Peralta Oaks Court, Oakland, California, on March 7, 2016, at 9:30 a.m.

AUTOPSY FINDINGS

- 1) POSTOPERATIVE STATE, LEFT BELOW-THE-KNEE AMPUTATION, REMOTE.
- 2) CARDIOMEGLY, MODERATE (430 GRAMS), WITH LEFT VENTRICULAR HYPERTROPHY.
- 3) CLINICAL HISTORY OF ATRIAL FIBRILLATION BY ELECTROCARDIOGRAM.
- 4) PROMINENT MULTIFOCAL MYOCARDIAL FIBROSIS (MICROSCOPIC EXAMINATION).
- 5) CONGESTION OF THE LUNGS.
- 6) CONGESTION OF THE LIVER, SPLEEN, AND KIDNEYS.
- 7) OSTEOARTHRITIS OF THE THORACIC SPINE, SEVERE.
- 8) URINE SAMPLE POSITIVE FOR COCAINE IN HOSPITAL.
- 9) FEMORAL BLOOD SAMPLE:
 - A) COCAINE NEGATIVE
 - B) BENZOYLECGONINE 0.02 MG/L
 - C) LEVAMISOLE PRESENT.
- 10) VITREOUS PANEL: GLUCOSE 92 MG/DL.

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Alameda County

Body of MELVIN STUBBS JR.

CAUSE OF DEATH: CARDIAC FAILURE DUE TO CARDIOMEGALY WITH
MYOCARDIAL FIBROSIS.

Other condition: RECENTLY DIAGNOSED DIABETES
MELLITUS.

cc: EMS
District Attorney
Investigations Bureau (ETS)
ACSO—Detention and Corrections Div.

Sheriff-Coroner
Alameda County

Body of MELVIN STUBBS JR.

1 EXTERNAL EXAMINATION

2 The body is that of a well-developed adult black male. The
3 left leg has been amputated approximately 6 inches below the
4 knee in the past. This is a well-healed site of amputation.
5 The hair is black and speckled with gray. There are a gray
6 beard and mustache. The irides are brown. The upper dental
7 arch is edentulous. A number of teeth are missing in the lower
8 arch, including the lower medial incisors. There is complete
9 rigidity of the extremities, neck and jaw. Purple lividity is
10 present on the back.

11 There is the extensive evidence of MEDICAL THERAPY:

12 1) An endotracheal tube is clamped in place in the right
13 corner of the mouth.

14 2) A pulse oximetry device is attached to the right
15 earlobe.

16 3) Multiple EKG pads are present on the chest and abdomen.
17 An EKG pad is present on the back. An EKG pad is present on the
18 left lateral shoulder, and another is present on the right
19 lateral shoulder. An EKG pad is present on each anterior thigh.

20 4) A resuscitative electrode pad is present on the left
21 upper chest, and another is present on the left upper back.

22 5) A bandage covers a catheter in place just below the

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Body of MELVIN STUBBS JR.

23 right lateral clavicle. The catheter measures approximately 7
24 inches in length.

25 6) A bandage covers an infusion needle protruding from the
26 right upper tibia.

27 7) A Foley catheter is present. It is attached to a urine
28 bag containing a voluminous amount of amber-colored urine.

29 Paper bags are present over both hands and wrists. When
30 the bag on the right side is removed, the right hand shows no
31 evidence of recent trauma. The fingernails are of moderate
32 length and are somewhat dirty. They show no other foreign
33 material. There is a hospital identification band present on
34 the right wrist. When the bag is removed from the left hand, it
35 shows the presence of a pulse oximetry device attached to the
36 thumb. There is a Band-Aid around the distal phalanx of the
37 right index finger. When the Band-Aid is removed, a small
38 punctate lesion is seen on the lateral aspect of the distal
39 phalanx; it measures less than 1/16 inch in size. No other
40 evidence of trauma is seen. The fingernails again are of
41 moderate length and slightly dirty. There is a hospital-type
42 identification band present on the left wrist. There is another
43 identification band present on the left wrist, as well, with the
44 name "MELVIN STUBBS" and a photograph of the deceased.

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Body of MELVIN STUBBS JR.

45 Blunt trauma

46 There is no evidence of blunt trauma seen on the face or
47 head. None is seen on the neck.

48 The chest shows a circular area of superficial abrasion in
49 the sternal area. It is consistent with cardiopulmonary
50 resuscitation, and it measures 1 inch in diameter.

51 There is no evidence of blunt trauma to the abdomen.

52 No trauma is seen on the genitalia.

53 The right upper extremity shows no evidence of blunt
54 trauma, and no recent blunt trauma is seen on the hand.

55 The left upper extremity, including the hand, shows no
56 evidence of recent blunt trauma except for the lesion seen on
57 the distal phalanx of the index finger.

58 The right lower extremity shows no evidence of recent blunt
59 trauma, and none is seen on the foot.

60 The left lower extremity also shows no evidence of recent
61 blunt trauma.

62 Tattoos

63 There are some tattoos on the anterior aspect of the left
64 forearm. One includes a written name, "TIM," and another the
65 letters "GL" and something after it, which I am unable to read.

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Body of MELVIN STUBBS JR.

66 There is an area of irregular depigmented scarring on the
67 anterior aspect of the right shoulder, measuring approximately
68 1-1/2 inches in diameter, with some punctate scars extending
69 downward from it.

70 The right hand shows numerous small punctate scars on the
71 dorsum of the long finger. Several are also seen on the distal
72 portion of the ring finger. The punctate scars average approxi-
73 mately 1/8 inch in size. The others are less descriptive.

74 There is a verruca present in the left groin; it measures
75 approximately 1-1/2 inches in diameter.

76 The right lower extremity shows several pigmented scars on
77 the thigh, the largest measuring approximately 1-1/2 inches in
78 diameter, and there are numerous irregular scars scattered over
79 the right knee. The right leg shows numerous depigmented scars
80 extending from the ankle all the way to the knee. Some of these
81 are linear and transverse at the ankle, but the others are
82 indiscriminate. There is some scarring present on the dorsum of
83 the right foot, as well, where there are several linear scars.

84 There is a fungal infection of the toenails on the right side.

85 The left lower extremity shows numerous depigmented scars
86 over the knee and the upper portion of the left leg.

87 There is a remote left below-the-knee amputation.

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Body of MELVIN STUBBS JR.

88

INTERNAL EXAMINATION

89 Y-SHAPED THORACOABDOMINAL AND INTERMASTOIDAL INCISIONS are
90 made.

91 HEAD: There is no evidence of trauma to the scalp. The
92 subcutaneous tissue, galea and skull are unremarkable. The
93 meninges show no abnormalities. The external surface of the
94 brain shows no abnormalities. Cut sections of the brain show a
95 moderate degree of hydrocephalus ex vacuo with enlargement of
96 the lateral ventricles, but no other abnormality is seen. The
97 vessels of the base of the brain show no abnormality, and the
98 base of the skull is normal.

99 NECK ORGANS: The soft tissues of the neck and the cervical
100 spine are unremarkable. The laryngeal and tracheal cartilages
101 and hyoid bone are intact. The airway is patent. The
102 endotracheal tube is in its proper position. The thyroid gland
103 is of normal size and unremarkable on cut section.

104 CHEST: There is no evidence of trauma to the chest wall.
105 The ribs are intact. The lungs fill the pleural spaces.

106 LUNGS: The left lung weighs 500 grams. The right lung
107 weighs 530 grams. The pulmonary arteries and bronchi show no
108 abnormalities. Cut sections of the lungs show them to be
109 moderately congested, but there is no significant edema.

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Body of MELVIN STUBBS JR.

110 HEART: The pericardial sac contains a small amount of
111 clear yellow fluid. The external surface of the heart shows
112 left ventricular prominence, and the heart weighs 430 grams.
113 The coronary arteries show calcification of the left main
114 coronary artery as well as the left anterior descending, but
115 there is no significant narrowing of the lumen. The circumflex
116 branch is also partly calcified, but again there is no
117 narrowing. The right coronary artery also shows calcification,
118 but again no significant narrowing of the lumen is seen. The
119 right coronary artery is dominant. The cardiac chambers and
120 valves are unremarkable except for the mitral valve, where there
121 is a mild degree of myxoid change. The left ventricular wall is
122 thickened; it measures 16-17 mm. There is no evidence of any
123 scarring or necrosis. The right ventricular wall measures 3 mm,
124 without scarring. The foramen ovale is a large structure, but
125 it is completely closed. The interventricular septum is
126 unremarkable. The descending thoracic and abdominal aorta shows
127 fatty streaking but no ulceration or plaque formations.

128 ABDOMEN: The abdominal fat is 3 inches at the umbilicus.
129 The organs are in their normal positions.

130 LIVER: The liver weighs 1000 grams. The capsular surface
131 is smooth. The parenchyma on cut section is dark brown and

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Body of MELVIN STUBBS JR.

132 acutely congested. The gallbladder and extrahepatic ducts are

133 unremarkable.

134 SPLEEN: The spleen weighs 180 grams. The capsule is

135 smooth. The parenchyma is firm and congested.

136 PANCREAS: The pancreas is of normal size and retains a

137 lobular architecture.

138 ADRENAL GLANDS: The right adrenal gland shows no

139 abnormalities. The left adrenal gland shows a nodule in the

140 cortex, measuring 15 mm in diameter.

141 GASTROINTESTINAL TRACT: The mucosa of the esophagus and

142 stomach is unremarkable. The stomach contains a moderate amount

143 of green, opaque liquid. This is also seen in the duodenum and

144 the small bowel. The large intestine is unremarkable. The

145 rectum is empty.

146 GENITOURINARY TRACT: The kidneys weigh 210 grams each.

147 The capsules strip with slight difficulty, but the cortical

148 surfaces are smooth and the parenchyma on cut section shows no

149 abnormalities. The renal vessels, pelvis and ureters are in

150 their normal positions. The urinary bladder does not show a

151 significant amount of urine. The Foley catheter is present.

152 The prostate gland is slightly enlarged but shows no nodularity.

153 The testes are palpable in the scrotum. The penis is

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Alameda County

Body of MELVIN STUBBS JR.

154 uncircumcised.

155 The thoracic spine shows very marked osteoarthritis.

156

157

158

159

160

161

162 PWH/cah


Paul W. Herrmann, M.D.

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2901 Peralta Oaks Court, 2nd Floor, Oakland, CA 94605-5319



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

CASE NUMBER:	CASE NAME:
2016-00741	Melvin Stubbs Jr.
PATHOLOGIST: Paul W. Herrmann, M.D.	HISTOLOGICAL EXAMINATION

MYOCARDIUM: Scattered areas of fibrosis, quite prominent in one of two sections.

KIDNEY: Several small cortical foci of chronic inflammation. Many glomeruli show nodular sclerosis, and the arterioles are markedly thickened.

BRAIN: Normal.

8/8/16

Date

Signature

M.D.

PWH/cah

D: 8/02/16

T: 8/02/16

CVT-16-3417

Case Name:

Stubbs Jr,

Melvin

17 ml femoral blood & 6.5 vitreous humor each labeled "Stubbs, Melvin; 2016-00741;
03/07/2016"

TOXICOLOGY NUMBER:

Specimen Description:

Delivered by Tricor

Date 10-Mar-16

Received by Bill Posey

Date 10-Mar-16

Request: Complete Drug Screen

Agency Case # 2016-00741

Requesting Agency

Alameda Co. Coroner's Office
Attn: Acct's Payable
2901 Peralta Oaks Ct., 2nd Floor
Oakland CA 94605

Report To

Alameda Co. Coroner's Office
Attn: Dr. Herrmann
2901 Peralta Oaks Ct., 2nd Floor
Oakland CA 94605

RESULTS

Specimen: Femoral Blood and Vitreous Humor Samples

Complete Drug Screen: Cocaine metabolite and Levamisole detected.

No other common acidic, neutral or basic drugs detected.

No Ethyl Alcohol detected.

Cocaine = Negative
Benzoyllecgonine = 0.02 mg/L

Levamisole = Present

Vitreous Panel: Glucose = 92 mg/dL
Sodium = 144 mmol/L
Potassium = 8.2 mmol/L
Chloride = 127 mmol/L

Blood Benzoyllecgonine Ranges
Effective Level: Non Active
Potentially Toxic: (1 - 10 mg/L)

*On Hold 3/15/16
Bill Posey*

B. L. Posey

March 15, 2016

B.L. POSEY

S.N. KIMBLE

Directors

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